

Public Health Committee  
Testimony prepared by Dr. Alice Pritchard  
March 22, 2011  
RB 1202 An Act Concerning the State's Health Care Workforce

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Good morning. My name is Alice Pritchard and I am the Executive Director of the Connecticut Women's Education and Legal Fund (CWEALF). CWEALF is a statewide non-profit organization dedicated to empowering women, girls and their families to achieve equal opportunities in their personal and professional lives. I am testifying today on behalf of the Allied Health Workforce Policy Board on *RB 1202 An Act Concerning the State's Health Care Workforce*.

The Connecticut Allied Health Workforce Policy Board (AHWPB) was established in Public Act 04-220 (*An Act Concerning Allied Health Workforce Needs*) to conduct research and planning activities related to the allied health workforce. The Board began meeting in March 2005 and issued its first report to the legislature in February 2006. Throughout its tenure, the Board has met regularly to discuss current initiatives in allied health in the state, gaps in workforce data, issues related to educational programming, and recruitment and retention of the workforce, as well as researching and developing solutions to allied health workforce shortages.

Through its deliberations, the AHWPB has identified a number of challenges that must be addressed in order to lessen workforce shortages in allied health and nursing. These challenges require collaboration and investments among a variety of stakeholders including state agencies, colleges and universities, labor unions and employers such as those called for in RB 1202.

The Board serves a key role in convening stakeholders who are conducting a variety of initiatives which are highlighted in the *Allied Health Workforce Policy Board's Annual Legislative Report* which was recently sent to your office. In particular, the report highlights resources allocated by the state legislature to the Department of Higher Education to support investments in allied health, nursing and education programs in the state's colleges and universities. The resources were combined in a unified *Higher Education Health and Education Initiative* Request for Proposals with those allocated to the Department of Public Health and career ladder resources at the Office for Workforce Competitiveness to promote programs that alleviate workforce shortages in these areas.

In addition, the Office for Workforce Competitiveness (OWC), secured a State Health Care Workforce Development Planning Grant to: 1) produce a statewide health care workforce plan including a short-term action plan and a statewide Health Care Workforce Scorecard; 2) Coordinate and streamline disparate health care workforce planning efforts and strengthen regional health care workforce planning processes; and 3) Identify opportunities to improve data collection and data sharing capacity – in support of the development of uniform data collection across States on licensed health professionals. The planning effort targets the State of Connecticut with regional analysis and input organized through the State's five Workforce Investment Boards (WIBs). The planning process will examine health care workforce areas related to primary care, allied health, and behavioral health.

During these difficult economic times, it is imperative that current investments in the state's education and workforce development agencies are ***maintained and targeted*** to high demand occupations such as health care that support Connecticut's long term competitiveness and that groups such as the Allied Health Workforce Policy Board continue its oversight role of these initiatives. Rather than the activities suggested in RB 1202, we offer our legislative recommendations from the 2011 report.

### **Recommendation 1: Develop a State Strategic Health Care Workforce Plan**

Connecticut must develop a long-term plan for the allied health workforce, outlining the needs of employers over the next ten years and the current and predicted supply of skilled workers. The plan should identify the gap between demand and supply and the capacity of the state's colleges, universities, and other training providers to educate the needed workforce. In addition, the plan should outline how the barriers to career advancement outlined above will be addressed to ensure that state investments in training are efficient and effective.

The AHWPB, based on its membership and years of work, was recently awarded a grant with the Connecticut Employment and Training Commission to lead a strategic planning process. The planning process, funded by HRSA, will include a broad range of healthcare related occupations and will build on and incorporate other planning efforts that have taken place in the past, such as the Hospital Task Force and the planning under the Sustinet Board. The report will also focus on the behavioral health workforce and the planning work being done by the Connecticut Workforce Collaborative for Behavioral Health. With this information, the AHWPB can set forth a plan for the state that positions the legislature to make decisions related to both short- and long-term investments in the state's allied health workforce and ensure that these disparate planning efforts are coordinated.

### **Recommendation 2: Provide Student Support Services and Academic Remediation**

Numerous studies and pilot projects in Connecticut have shown that embedded tutoring, case management, and academic counseling services directly affect student program completion. Most colleges and universities, as well as the Technical High School system, have very limited funding for program-specific student services. Colleges should consider a variety of proven strategies to improve student success, including shrinking class sizes to provide students with more instructional contact, streamlining developmental courses to allow students to focus on their learning gaps and accelerate their progress, and supporting learning communities that provide for cohort development. We recommend that resources for these supports be included in future state appropriations for public educational institutions in order to ensure student success.

We also recommend that the legislature authorize the use of state financial aid provided to the state's public and private colleges and universities for students who are pursuing non-credit certificate programs in our state's training programs in particular, EMT and paramedic training and short-term programs in medical billing and coding and phlebotomy to help address workforce shortages. Currently no state funding is available for training in these short-term occupational areas that support the state's health care infrastructure.

### **Recommendation 3: Coordinate Statewide Allied Health Outreach Campaign**

While many training programs exist within the state, some of those programs and careers, such as nuclear medical technologists or laboratory technicians, go virtually unnoticed by prospective students,

both youth and adults. A coordinated statewide outreach campaign, designed with input from all stakeholders, including Area Health Education Centers, the Nursing Career Center, Connecticut Works One Stop Career Centers, Connecticut League for Nursing and the state's secondary and post-secondary institutions, is needed.

This campaign should include general marketing of nursing, behavioral health and allied health careers. The campaign should target unemployed adults with college degrees, teachers and guidance counselors, and parents and students, particularly minority students, providing information on career opportunities and the location of and educational requirements for allied health programs. Current funding in each of these agencies' budgets can be leveraged to start this effort.

#### **Recommendation 4: Invest In New Faculty**

Nearly every Connecticut degree program within nursing and allied health fields is vulnerable to current or anticipated faculty shortages. Colleges and universities sought out 30 waivers for nursing faculty from the Nurse Board of Examiners in 2010. Where sufficient faculty exists, it is recognized that securing replacements will be difficult. It is therefore in the best interests of the state to create a proactive plan to develop instructor talent and provide the resources to prepare more professionals to become faculty members. One example is the Scholarship-for-Service model, which has been used successfully in government and the armed forces to produce employees for areas of need. Connecticut should provide funding for Scholarship-for-Service opportunities for graduate level education to colleges and universities to support expansion of these new scholarship models. These resources will help the state meet its need for allied health faculty and ensure that we are able to continue training the future workforce.

#### **Recommendation 5: Improve Clinical Contracting Process**

The contracting process is cited by employers, particularly hospitals, colleges and universities, and high schools as a barrier to providing students with clinical placements. The issues arise in multiple ways: contract requirements and rules change frequently; parent companies that reside outside of the state may follow rules that conflict with Connecticut's; and the length of time to complete contracts jeopardizes securing placements. Stakeholders call for clearer direction from the state, particularly the Attorney General's office, on contract requirements and increased support in getting these important contracts in place for the school year.

#### **Recommendation 6: Expand Allied Health Programs**

In order to meet the demand for allied health professionals, the state must expand its program offerings at the secondary, post-secondary, and graduate degree levels. In addition, new training opportunities for students and faculty need to be developed in on-line and simulated formats to promote greater access to education programs. The faculty plan commissioned by the AHWPB in 2007 outlined a number of key areas (e.g., Respiratory Care, Medical/Clinical Research Technology, Medical Laboratory Technology) in which program expansion is necessary to meet labor force demands. It is imperative that the faculty resources allocated in the 2011 budget to the state's colleges and universities be maintained to support the expansion of allied health programs to meet state workforce demands.

## **Recommendation 7: Support Employer-Sponsored Training**

Having employers offer education classes to their own employees addresses several of the barriers that entry-level workers, particularly recent immigrants, face in terms of accessing basic skills and language skills training. Barriers include transportation, work and family obligations, the cost of training and difficulty locating courses. Employer-sponsored courses have the added benefit of enabling employers to develop curricula that focus on the specific skill development and language needs of workers in the health care industry. It is recommended that current state investments in summer youth employment be maintained to support the paid allied health internships that have been developed statewide. Furthermore, the state must continue its current investment for incumbent worker training through the Department of Labor and Workforce Investment Boards in order to support the continued viability of hospitals, medical offices and laboratories, and long-term care facilities. During the 2008-2009 fiscal year, the WIBs spent \$387,000 in state resources and \$909,603 in federal resources on incumbent worker training with an additional \$1,831,311 contributed by employers. The majority of these resources were spent on healthcare related training.